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0010/PTO Rev. 6/95	U.S. Department Patent and Tra	of Commerce demark Office	Attorney D Number	Docket 9	793/035				
DECL	ARATIO	N	First Nam Inventor	ed G	Gerber, Martin				
			COMPLETE IF KNOWN						
Declaration Submitted	OR Declarati		Applicatio	Application Number Unknown					
With Initial Filing	Initial Fili	ng	Filing Dat	e H	lerewith	ewith			
			Group Art	Unit U	Unknown				
			Examiner	Name U	nknown				
As below named Inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the									
subject matter which is claimed at SUBCUTANEOUS ANALYTE		is sought on the inventi	on enunea:						
(Title of the Invention) the specification of which									
☑ is attached hereto OR									
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number									
and was amended on (MW/DD/YYYY) (if applicable)									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose									
I hereby claim foreign priority benefits under Title 35, United States Code § 19(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
ming date before that of the appr	Sallon On Which pho	ny io diamou.							
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/D/YYYY)	Priority Not Claimed		Copy Attached?			
Trainio:(G)		(tones or				YES	NO		
None									
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:									
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below									
Application Number(s)	Filing Date (MM/DD/	YYY)		Addition	nal provisional			
None			application	tion numbers are n a supplemental sheet attached					

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DECLARATION						Page 2						
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application PCT Parent							Parent Filing Date (MM/DD/YYYY)				t Patent Number f applicable)	
Number Number										•		
Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.												
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:												
Firm Name Brinks Hofer Gilson & Lione								Payor Number (if application				
	Name				Registr Num						Registration Number	
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Sanders N. I	Hillis				45,712							
A. James Richardson					26,9	83						
Addition	al attorney(s) and/	or agent	(s) named	d on a s	supplen	nental s	sheet attac	hed hereto.				
☑ Please direct	all correspondenc	e to:	Na	ame	Lav	wren	ce A. S	Steward	l			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor A petition has been filed for this unsigned inventor.												
Given Name	Martin		Middle Initial		5	amily ame	Gerber			Suffix		
Inventor's Signature							Date					
RESIDENCE: City Indianapolis State IN Country US Citizenship												
POST OFFICE ADD			lague Ro	ad ZIP	1,4	6250	Country	us		Applicant		
City	Indianapolis	State	IN	211						Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto.												

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DECLARATION							ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.												
Given Name	Matthi	as		Middle Initial		Family Name	Essenpreis		Suffix			
Inventor's Signature							Date					
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Inventor's Signature		<u></u>					Date					
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POST OFFICE AD	DRESS											
City			State		ZiP		Country			Applicant Authority		
Name of Additiona	l Joint Inven	tor, if any:					A petition h	as been filed	l for this unsigne	ed inventor.		
Given Name				Middle Initial		Family Name				Suffix		
Inventor's Signature								Date				
RESIDENCE: City	·				State	<u></u>	Country			Citizenship		
POST OFFICE AD	DRESS											
City			State		ZIP		Country		, , , , , , , , , , , , , , , , , , , ,	Applicant Authority		
Name of Additiona	l Joint Inven	tor, if any:					A petition ha	as been filed	l for this unsigne	ed inventor.		
Given Name				Middle Initial		Family Name						
Inventor's Signature								Date				
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.												
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Inventor's Signature Date												
RESIDENCE: City State Cour							Country			Citizenship		
POST OFFICE AD	DRESS											
City			State		ZIP		Country			Applicant Authority		
Additio	Additional inventors are being named on supplemental sheet(s) attached hereto.											